

Receipt # _____

**TROY RECREATION DEPARTMENT'S
WINTER 2005-2006
At Lincoln Community Center**

YOUTH SWIM LESSONS

_____ **Level 1 & 2**
Tuesdays, 4:15 p.m.

_____ **Level 3**
Tuesdays, 5:00 p.m.

_____ **Level 4, 5, & 6**
Tuesdays, 6:00 p.m.

(LIMIT 10)

Swimmer's Name _____ Male/Female

Address _____ Phone _____
(street)

_____ Zip _____
(city)

Birthdate _____ Age _____

Name of School _____ Grade _____

Allergic to any medication? _____

Doctor's Name _____ Phone _____

Emergency call _____ Phone _____

_____ **SESSION 1 OCTOBER 11 – NOVEMBER 15, 2005**

_____ **SESSION II JANUARY 10 – FEBRUARY 14, 2006**

_____ **SESSION III APRIL 18 – MAY 23, 2006**

REGISTRATION FEE: \$12.00 _____ PAID

WAIVER AND RELEASE

We, the undersigned, being fully aware of the dangers inherent to the sport of swimming, do give permission for our son/daughter to participate in the Youth Swim Lessons. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, Lincoln Community Center and its Director and Board, the supervisory staff, or their agents or servants, as a result of injuries incurred by our son/daughter while participating.

Date _____

Signature _____
(parent or legal guardian)

The Troy Recreation Department will make refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.